STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS P.O. BOX 423, 3605 MISSOURI BOULEVARD JEFFERSON CITY, MO 65102-0423

TELEPHONE: (573) 751-0813 TTY (800) 735-2966 WEBSITE: http://pr.mo.gov/embalmers

EMAIL: embalm@pr.mo.gov

Please complete and return this form to the address listed above. A retired certificate will be issued to you if regulatory requirements are met.

AFFIDAVIT

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				nt my date of birth is souri embalmer license #
on	a retired status.			
I further certify that I will not	practice the profess	sion of embalming in the	state of Missouri p	oursuant to chapters 333,
193 and 194 RSMo. If at a	nytime in the future	I should desire to reacti	vate my embalmer	license, I will contact the
board office for the appropria	ate form and pay the	e appropriate fee.		
URRENT MAILING ADDRESS			E-MAIL ADDRESS (OPTIONAL)	
TY		STATE		ZIP CODE
		LICENSEE SIGNATURE		
IUST BE SIGNED IN PRESENCE OF NOTARY		EIGENGEE SIGNATORE		
TATE OF		COUNTY		NOTARY PUBLIC EMBOSSED SEAL OR BLACK INK RUBBER STAMP
UBSCRIBED AND SWORN BEFORE ME, THIS				
DAY OF OTARY PUBLIC SIGNATURE	20 MY COMMISSION EXPIRES	USE RUBBER STAMP IN	CLEAR AREA BELOW	
OTARY PUBLIC NAME (TYPED OR PRINTED)				
375-0645 (2-15)		· ·		·